

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P37964

(4)

1. Corporation Name
SYSCOMM, INC.

FILED
May 13 1997 8:00am
Secretary of State



Principal Place of Business

8649 N. HIMES AVE.
SUITE 507
TAMPA FL 33614
US

Mailing Address

8649 N. HIMES AVE
SUITE 507
TAMPA FL 33614-8361
US

2. Principal Place of Business

21 2401 Morrison Ave
Suite, Apt. #, etc.

22 SUITE 213
City & State

23 TAMPA FL

Zip Country

24 33629 25 USA

2a. Mailing Address

26 2401 Morrison Ave
Suite, Apt. #, etc.

27 SUITE 213
City & State

28 TAMPA FL

Zip Country

29 33629 30 USA

3. Date Incorporated or Qualified
03/17/1992

3a. Date of Last Report
05/01/1996

4. FEI Number
23-2611545

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

ENSLIN, CHARLES
8649 N. HIMES AVE.
SUITE 507
TAMPA FL 33614

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

2401 MORRISON AVE

83 APT 213

84 City TAMPA

FL

85 Zip Code

33629

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

C. Enslin
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

MAR 25, 1997

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME C
STREET ADDRESS ENSLIN, CHARLES W.
CITY-ST-ZIP 8649 N. HIMES AVE.
TAMPA FL

TITLE ☐ DELETE
NAME PST
STREET ADDRESS ENSLIN, CHARLES W.
CITY-ST-ZIP 8649 N. HIMES AVE.
TAMPA FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 2401 Morrison Ave #213
1.4 CITY-ST-ZIP 33629

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS 2401 Morrison Ave #213
2.4 CITY-ST-ZIP 33629

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

C. Enslin

CR2E034 (9/96)